

Testimony
Appropriations Committee
Connecticut General Assembly
2-18-2014

H.B. No. 5030 AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR ENDING JUNE 30, 2015.

My name is Barry Kasdan, President and CEO of Bridges...A Community Support System Inc. located in Milford Ct. and serving nine surrounding cities and towns with a comprehensive range of mental health, addictions and healthcare services. Last year over 8,400 individuals and families including children, youth and adults came to us seeking community based treatment, crises services, counseling, prevention, referrals, Mental Health First Aid training and healthcare services. We are heavily funded by DMHAS and DCF grants along with fees from state, federal and private insurance. United Way and local municipal funding are part of the complex funding streams that have made this a public & private partnership, which is replicated throughout this state by hundreds of non-profits.

Our outpatient services are open from 8 AM until 8PM four out of five weekdays. We provide 24/7 wrap around care for a wide range of adults and children along with community based Emergency Mobile Psychiatric services. We are a DMHAS designated Local Mental Health Authority.

These are state funded services once robust and expansive that has now begun to wither on the vine. State and Federal rates pay less than 50 % percent of cost. State grants that account for almost 68% of Bridges revenue have received minimal to no increases in over 15 years. . This year's budget is already in deficit. Our out- patient service capacity is shrinking and we currently have demand to fill at least 3 clinical positions. We are holding vacant positions open. Last year we were forced to terminate a DDS contract due to reimbursements that no longer met cost, forcing us to eliminate 4 positions. We are no longer able to respond to all the service requests we receive each day. The growing severity of illness we see with adults and youth sends fear through our staff as they recall the Newtown tragedy and contemplate the worst scenario.

While you have verbalized your commitment to mental health services and the media publicizes new mental health initiatives that are being funded.....the reality is that few of those dollars will reach the core outpatient services that are on front line every day 24/7yes you haven't exactly cut those services, but with indefensible rates and grant funding levels that are now financially unmanageable you have forced the provider to be the terminator of services and programs.

We have reached the tipping point as DMHAS is once again confronted with the need to surgically cut adult outpatient grants. Please understand that cuts on already financially unstable outpatient services will create a community and statewide crises. Lives are at stake and thousands of adult clients will be at risk of having inadequate psychiatric care and medication management.

Yes these are harsh and scary words, but we are unable to go on under such circumstances. In previous years when the state budgets were in deficit we were asked to understand the state's financial dilemma. But in reality it was no better in the good times when the coffers were full.....the state failed to invest wisely in the most cost effective service system it had, right at its front door.

By putting these issues on the back burner for too many years you are now faced with problems that are so severe, and solutions so complex that you are left few choices in order to avoid a pending statewide community level mental health emergency.

Dear members of the appropriations committee..... I have been working in the system for almost 45 years...and have never seen it this fragile.....with a looming state surplus in excess of a half billion dollars, and growing, it would be unconscionable, unforgiving and simply unacceptable to allow thousands of your constituents to go without the mental health services they so urgently need! Act now and you will save lives tomorrow. Courageous and emergency action is needed during this short session and it would appear that you have the resources to do just that.

Hello my name is Brian Capshaw and I live at the nursing home Aurora Senior Living of East Hartford. I'm submitting/testifying on behalf of the Statewide Coalition of Presidents of Resident Councils representing all 26,000 Connecticut nursing home residents, of which approximately 16,000 receive a personal needs allowance (PNA) under Medicaid.

Senator Bye, Representative Walker and distinguished members of the appropriations committee. As a nursing home resident I'm pleased to discuss Governor Malloy's mid-term proposed budget adjustments. In particular the exclusion of the restoration of our personal needs allowance. In the 2011 budget we shared in the states sacrifice and took what was listed as temporary, a \$9 reduction in our PNA down to \$60 a month. We feel we should also share in the states prosperity. Representative Janowski has kindly put forth HB 5002 which asks to raise the PNA to \$100 which is \$1 less than the state of Arizona allows its residents.

We would we like to see the reduction from 2011 restored and the cost of living adjustments (COLA) social security recipients received the last three years given to nursing home residents on Medicaid. In 2012 the cola was 3.6%, 2013 1.7% and 1.5% in 2014. With the \$9 restoration and cost of living adjustments given our monthly allowance would be about \$73.75.

What would an increase mean to a nursing home resident? Something's you may take for granted, a meal ordered out, a cold soda in the afternoon, a new shirt/blouse or maybe just a bag of bird seed so a resident can watch the birds out of his/her window.

We understand this will come with a price tag, but DSS should have been sending less Medicaid dollars to nursing home operators as we have turned over our social security increases as cost of care.

In the last year Maryland has increased their PNA by \$7 to \$75, Minnesota by \$6 to \$95, New Hampshire by \$9 to \$65 and Ohio has given their residents a \$5 increase. Currently Colorado, Illinois, Missouri, Nebraska, New Jersey, New York and New Mexico all have pending legislation to raise their states PNA. I urge you to join these other states from across the country and appropriate an increase in our PNA.

I'd like to thank the committee for your time and consideration. I hope you will come together and restore the reduction from 2011 with COLA adjustments for Connecticut's nursing home residents who rely on Medicaid for the little extras most people take for granted.